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SSI for Children: Engaging Families for Successful SOAR Applications

Presented by the Substance Abuse and Mental Health
Services Administration (SAMHSA)
SOAR Technical Assistance (TA) Center
U.S. Department of Health and Human Services

February 3, 2021



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



Webinar Instructions

- Muting
- Recording availability
- Downloading documents
- ASL Interpretation & Live Captioning are available to enhance accessibility
- Questions and Answers

Purpose and Objectives

SOAR WORKS for Children
Identify the SOAR Intercept Where You Can Enhance the Process!

Identify Applicants

- School psychologists, counselors, social workers, MSW/BA/BSA workers
- Paraprofessionals
- Child welfare case workers, outreach workers, homeless services staff
- Identify children who are experiencing or at risk of homelessness; who have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder, as well as low income and resources

Assist with SSI Applications

- Social workers, community behavioral health providers, outreach workers, homeless services staff, case coordinators
- SSA Practitioners
- Complete the SOAR Online Course: Child Curriculum
- Gather medical and educational evidence
- Write a Medical Summary Report and assist with the SSI application process
- Collaborate with the State and Local Social Leads, SRA, and SDCP

Obtain Medical Records Evaluations & Certifications on MSBs

- Teachers, school psychologists, counselors
- Social workers, mental health providers
- Paraprofessionals
- SSA Practitioners
- Fill out an SSA-5665 Teacher Questionnaire
- Write a letter documenting the child's limitations in functioning and supportive services provided
- Assist with gathering educational evidence, such as: Individualized Education Program (IEP) records, IQ testing, special education services, school counseling, disciplinary reports
- Gather medical evidence, such as hospital or clinic records and psychiatric evaluations, and arrange for additional testing as needed

Provide Systemic-Level Support

- MSW/BW/BA/BSA workers, HESD
- Coalition of Care
- SSA State and Local Leads
- SSA Practitioners
- Invite SSA Practitioners to care coordination meetings
- Participate in SOAR Planning Committee Meetings
- Identify state agency opportunities to facilitate efficient SOAR referrals and assistance
- Dedicate funds to support SSA Practitioner positions
- Support SSA Practitioners through mentoring, providing quality review of SSI applications, and monitoring data

Support Resiliency and Recovery

- Outreach workers, social workers, case coordinators
- Housing specialists, homeless services staff
- SSA Practitioners
- Identify housing, employment, and education resources
- Connect with treatment and support groups for the child and parents or caregivers
- Assist with other supportive service needs, such as food assistance and other program benefits for which the child and/or family may qualify

The SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance (TA) Center is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the Disability Income Benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.
Contact SOAR: soar@samhsa.com | (855) 459-7412 x2 | <https://soar.samhsa.gov>

- Engaging children and families using trauma informed principles.
- Building relationships with key stakeholders critical to developing and submitting quality SOAR-assisted SSI applications for children.
- Accessing the SOAR Online Course: Child Curriculum and SOAR for Children tools and resources.
- Promoting racial, environmental, and economic equity for families and children in your community.

Agenda

Presenters

- Jon Katherine Martins, SOAR Practitioner/Local Lead, Emma Norton Services, Saint Paul, Minnesota
- Martha Meszaros, MPA, Assistant Administrator/SOAR Navigator, Lotus House Psychiatric Services, Citrus Health Network, Inc., Hialeah, Florida
- Melissa Mays, Family Navigator, Flint Water Family Supports, Genesee Health System, Flint, Michigan

Questions and Answers

- Facilitated by the SAMHSA SOAR TA Center

Welcome!

Asha Stanly, MSW, LICSW
Government Project Officer
Division of State and Community Systems Development
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

February 3, 2021



Did You Know That...

- About 1.1 million children (under age 18) receive SSI benefits every year.
- SOAR providers have cumulatively received 593 decisions on child SSI applications with a 72 percent approval rate in an average of 107 days.
- To establish a child's eligibility for SSI benefits, a family must present mental health, physical health, and education records to prove disability.
- Children in need of SSI benefits face multiple challenges in access to SSI benefits.
- Racial, ethnic and economic disparities are challenges to families with accessing appropriate educational and healthcare related services.
- SOAR providers can be helpful in addressing inequities in the systems of care serving children and families, e.g.) educational, healthcare, juvenile justice, which are critical with proving childhood disability.

References:

- https://www.ssa.gov/policy/docs/chartbooks/fast_facts/2020/fast_facts20.pdf
- <https://soarworks.prainc.com/sites/soarworks.prainc.com/files/2020Outcomes-508.pdf>
- <https://clsphila.org/public-benefits/childrens-ssi-race-disparity/>

Engaging Families Using a Trauma Informed SOAR Approach



Jon Katherine Martins
SOAR Practitioner/Local Lead
Emma Norton Services
Saint Paul, Minnesota

February 3, 2021



Emma Norton Services

Emma Norton

Mission

Provide transformational housing and growth for women and families on their journey of recovery



Vision

Boldly expanding, empowering and transforming

Values

Community, accountability, perseverance, innovation, and protecting and valuing the whole human spirit

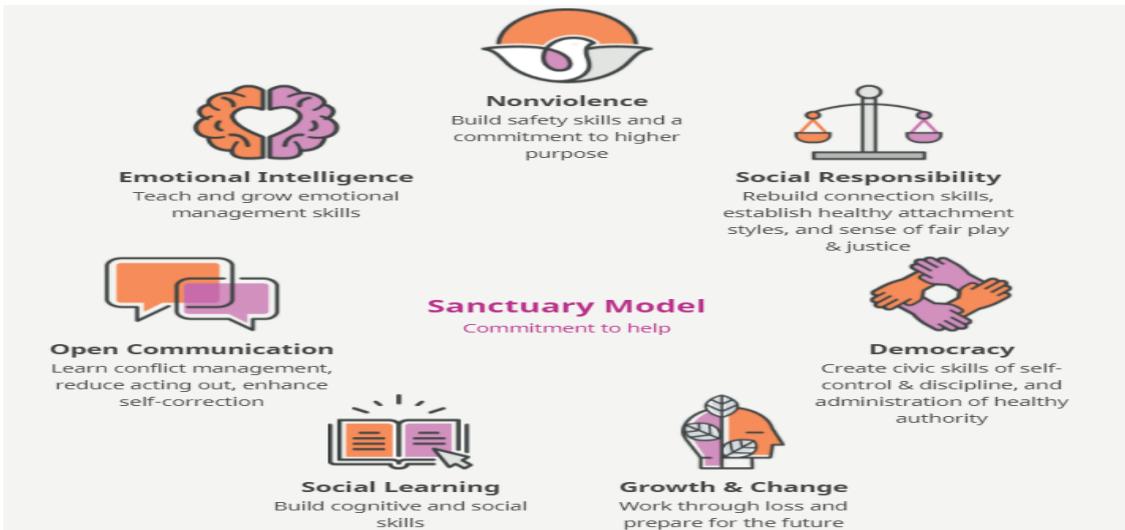
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Our Programs

- Emma Norton Residence
- Emma's Place
- Scattered Sites
- Children and Youth
- Support Services
- SOAR 



The Sanctuary® Model



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Meet Nate and his son, Jagger



- Born in 2012
- Both father and mother experience mental health conditions
- Diagnosed with Autism Spectrum Disorder at age 4
- Family experienced homelessness in 2016
- Jagger and younger sister removed from home in 2017 and placed in foster care

Six Key Principles of a Trauma-Informed Approach

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Culture, Historic and Gender Issues



Successes Using A SOAR Trauma-Informed Approach

- SSI approved in *less than 60 days*
- Car purchased with lump sum back payment
- Personal Care Assistance (PCA) services for Jagger
- Maintenance of Section 8 Housing Voucher
- Adult Rehabilitative Mental Health Services (ARMHS) and Targeted Case Management (TCM) for Nate
- Continued services for Jagger through established providers
- Nate establishing his own home-based business



Final Words from Nate



“All three of my children have autism and taking public transportation is challenging. The back payments I received through Social Security allowed us to buy a car. SOAR has changed our lives!”-Nate

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References

- Bloom, S & Farragher, B. 2013. *Restoring Sanctuary*. Oxford University Press. New York, NY.
- SAMHSA's Trauma and Justice Initiative. 2014. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD.

<http://store.samhsa.gov>



Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Presenter Contact Information: Jon Katherine Martins
jonkatherine@emmanorton.org

Information about SOARWorks Minnesota:
mn.gov/dhs/people-we-serve/people-with-disabilities/services/ssa/

www.samhsa.gov

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Engaging Child Serving Systems for Submitting Quality SOAR-assisted Child SSI Applications



Martha Meszaros, MPA
Assistant Administrator/SOAR Navigator
Citrus Health Network, Inc.
Hialeah, Florida

February 3, 2021



Citrus Health Network

- Location: Miami, Florida
- Founded in 1979 as a not-for-profit 501 (c)(3) Community Mental Health Center
- Designated: Federally Qualified Health Center (FQHC) since 2004
- Population: Adults and children
- Mission: “The business of helping people.”
- Approach: Total Wellness with each client, treating body and mind
- SOAR at Citrus: Began with the adult population (8 years ago) and expanded to children population (over 2 years ago)
- Assisted nearly 40 children with their SSI applications using the SOAR model
- FY2020: 67 percent approval rate on 12 decisions in an average of 108 days
- Increased approvals when a child’s school records were included in the application

Children's SOAR at Citrus: Key Components

- Constant communication with the Parent/Guardian
- Open Communication with the Providers
- Proof of treatment
- Clear and Consistent Medical Records
- Having multiple Treatment Sources (Psychiatrist, PCP, Neurologist, etc....)
- Constant communication with the school and teachers
- Individualized Educational Program (IEP) and Teacher Questionnaire

Engaging Parents/Providers/Third Parties

Challenges:

- Availability to meet
- Language barriers
- School hours
- Inability to return supporting documentation with enough time to review
- Parents/Legal Guardians not fully participating in the process
- Believe that once they provide the information that their side of the process is done

Best Practices:

- Provide various options to engage (telephone, zoom, multiple dates and times)
- Allow for translating services if needed
- Coordinate to visit school during school office hours
- Obtain the teacher's contact information for follow up
- Flexibility in staff schedules
- Create relationships within the community to facilitate documentation gathering
- Reiterate that the process is ongoing and may require more participation
- Follow up and Flexibility are Key!

Writing MSRs for Children: Key Differences

Adult MSRs

- Must show that applicant is unable to perform gainful work activity as a result of their illness
- Applicant is active participant in the gathering of the information (Medical Summary Interview)
- Very limited third-party input required (supported by medical records mostly)
- Very critical component of SOAR packet

Children MSRs

- Must be able to prove that child applicant is unable to function as a result of the illness at the same level as another child his age
- Limited child participation in the information gathering (Medical Summary Interview)
- Relies strongly on 3rd party input (i.e., teachers, school officials, tutors, siblings, other family members), and observations
- Should make note of other information beyond the medical records (include report cards, conduct grades)
- Must provide explanation as to why an applicant may have good grades but is unable to function socially
 - i.e., Pandemic: compare grades before and after virtual schooling.
- ***Most important part of the packet!***

Additional Tips

- Review the medical records before they are sent for possible inconsistencies which need to be explained or should be addressed by the treating sources or other third parties.
- Have someone else on the team read the Medical Summary Report to ensure that it is to the point and factual.
- Incorporate the SSA Blue Book Listings criteria in the MSR.
- Offer to review Teacher Questionnaires, Third Party Function Reports, any other SSA requested forms before each are submitted.
- Offer to fax/scan records for them if you are able, then do so!
- Never lose sight of why you are completing these forms.... It's more than just paperwork being filled out; it is that child's possibility to have a roof over their heads versus having the treatment they need.

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Presenter Contact Information: Martha Meszaros

marthal@citrushealth.com

www.samhsa.gov

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Partnering with Parents for Successful SOAR Applications

Melissa Mays
SOAR Practitioner/Family Navigator
Flint Water Family Supports
Genesee Health System
Flint, Michigan

February 3, 2021



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Services Administration

City of Flint Demographics

Residents

- In 2019, the US Census estimated that 95,538 people lived in Flint
 - Approximately 25% are children under age 18
- 60% of the residents in Flint identify as a non-white racial minority
- 19.2% of Flint Residents are living with a disability and are under the age of 65

Income and Poverty

- Median income is \$28,834
- Per capita income is \$17,086
- 39% of Flint's residents and 60 percent of its children are living in poverty.
 - The National average of children living in poverty is 21 percent

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*US Census Quick Fact: <https://www.census.gov/quickfacts/flintcitymichigan>

**HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_MI-505-2019_MI_2019.pdf

***SSI Recipients by State and County, 2019

https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2019/mi.html

City of Flint Demographics

Housing Costs

- Median monthly rental costs: \$716
 - 46% of residents live in rental properties
- Median monthly mortgage costs: \$880
- 82.6% of all owners and renters reported living in the same home for more than 1 year

Homelessness

- HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations Reports
 - 326 households were currently homeless or in a housing program
 - 162 of those households included at least 1 child

Social Security Beneficiaries

- 15,936 disabled SSI recipients (2019)
- 2,514 are under the age of 18

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References: *US Census Quick Fact: <https://www.census.gov/quickfacts/flintcitymichigan>
**HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_MI-505-2019_MI_2019.pdf

***SSI Recipients by State and County, 2019

https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2019/mi.html

Flint Water Crisis: What happened?

Findings from Flint Water Advisory Task Force, March 2016

- Early 2011: Former Governor Rick Snyder expanded an existing Emergency Manager law (Public Act 4) allowing him to appoint an unelected Emergency Manager (EM) which took power away from local officials to fix what was viewed as a financial crisis.
- 2011: Flint was placed under state control by former Governor Snyder.
- 2013: Former EM Ed Kurtz signs Flint on to pay for construction (slated to end in 2016) for a new pipeline, built by the Karegnondi Water Authority.
- April 25, 2014: EM Darnell Earley, state & local officials switch Flint off of DWSD to begin drinking from the Flint River against pushback from WTP supervisors due to the lack of proper equipment and staff.
- May 2014-March 2015: Flint residents lodge complaints about the water's smell, taste, discoloration and health issues as well as the cost (8 times the national average).
- March 23, 2015: EM Gerald Ambrose vetoes Flint City Council's vote to return to the Detroit water system.



Photo Credit: Associated Press



Flint Water Crisis "Ground Zero"

Photo Credit: American Chemical Society

Flint Water Advisory Task Force report:

https://www.michigan.gov/documents/snyder/FWATF_FINAL_REPORT_21March2016_517805_7.pdf

Flint Water Crisis: What happened?

Findings from Flint Water Advisory Task Force, March 2016

- April 2015 – Present: Residents continue to fight for a clean water source.
- September 15, 2015: Resident-led water tested proved high levels of lead and other contaminants were in Flint’s drinking water.
- October 2015: Former Governor Snyder gives the order for Flint to return to Detroit, but it was too late. The improperly treated, already caustic water corroded interior plumbing, distribution mains, appliances, faucets and fixtures.
- January 2016: President Obama declares a Federal State of Emergency after newly-elected Mayor Karen Weaver declared a State of Emergency in Flint.
- 2021: Flint will enter its 7th year in the Flint Water Crisis in April with ongoing court and legislative battles.



Photo Credit: Associated Press



Flint Water Crisis “Ground Zero”

Photo Credit: American Chemical Society

Reference: Flint Water Advisory Task Force report

https://www.michigan.gov/documents/snyder/FWATF_FINAL_REPORT_21March2016_517805_7.pdf

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Flint Water Advisory Task Force report:

https://www.michigan.gov/documents/snyder/FWATF_FINAL_REPORT_21March2016_517805_7.pdf

Flint Water Crisis: Impact on Flint's Kids

- Dr. Mona Hannah-Attisha from *Hurley Children's Clinic* in Flint estimated 14,000 kids in Flint under the age of six may have been exposed to lead in their water.
 - Three years after the crisis began, the percentage of third graders in Flint who passed Michigan's standardized literacy test dropped from 41% to 10%.
 - "Before the crisis, about 15% of the kids in Flint required special education services. But of the 174 children who went through the extensive neuro-exams, specialists determined that 80% will require help for a language, learning or intellectual disorder."
- Dr. Mona Hannah-Attisha
- October 2016, the *ACLU* of Michigan filed a major class action lawsuit against the State of Michigan and local school districts over the systemic failure to provide an adequate education for children with disabilities in Flint.
 - Partial settlement was reached in 2018 with more currently in the settlement process in 2021.

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*"Early results from 174 Flint children exposed to lead during water crisis shows 80% of them will require special education services," 60 Minutes:
<https://www.cbsnews.com/news/flint-water-crisis-effect-on-children-60-minutes-2020-03-15/>

**" SPECIAL EDUCATION IN FLINT," ACLU of Michigan:
<https://www.aclumich.org/en/cases/special-education-flint>

Flint Water Crisis: Impact on Flint's Parents and Caregivers

- Distrust of Government officials and programs.
- Lack of assistance programs with filing for benefits.
- Lack of assistance for collecting medical records and proper testing for the children of Flint to assess the child's needs.
- Massive gap in physical and mental healthcare supports for parents and grandparents who were also drinking toxic water and are trying to raise children with increasing special needs.

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*"Early results from 174 Flint children exposed to lead during water crisis shows 80% of them will require special education services," 60 Minutes:
<https://www.cbsnews.com/news/flint-water-crisis-effect-on-children-60-minutes-2020-03-15/>

**" SPECIAL EDUCATION IN FLINT," ACLU of Michigan:
<https://www.aclumich.org/en/cases/special-education-flint>

Flint Water Crisis: SSI and SOAR

Working with Children

- First, complete the SOAR Online Course: Child Curriculum!
- Arrange the necessary testing for the family rather than rely on Consultative Exams (CEs), especially with children
- Develop a relationship with Special Education Instructors
 - Meet with them in person (post-COVID) to explain what it is that you are looking for
 - Reduce the burden of extra paperwork on a most likely already overworked teacher
- Be thorough and ready to help DDS and ALJ staff truly understand how the child is struggling
- Prepare a Medical Summary Report (MSR) just like you would for an adult
 - Focus on how the child's impairments prevent them from learning in an educational setting AND interacting in social environments as well
- Connect with local SOAR SSA point of contacts in your local SSA field office
 - We found that the "Flint Water" urgency flag was quietly added as an additional prioritization along with the SOAR code

Flint Water Crisis: SSI and SOAR

Working with Parents/Caregivers

- We need to work through the distrust felt by parents who may have given up on the SSA process because of feelings towards government assistance programs which have failed them.
- We need to work through the perceived stigma of labeling children as “special needs” or “disabled.”
 - Explain this is not really the time for the parent to be solely focused on the child’s strengths, although you’re happy to hear them.
 - Be well-versed and ready to help with explaining the local supports and assistance the family could receive by qualifying for SSI.
- Work as a team with parents to help with the massive undertaking of any SOAR application
 - Be honest and prepared for the potentially lengthy and time-consuming process by gathering as much documentation and as many assessments as possible from the start.
- Help the Parent keep track of all appointments and paperwork as you go.
 - I have attended appointments with the family (pre-COVID) so I could get a copy of paperwork that day.
 - OR, if I needed to come back, they already knew my face and consents were already signed.

Child Case Study: SOAR Success for “Jay’s” Family

- “Jay” is currently an 8-year-old, African American female with a beautiful smile and fiery temper.
- Met Jay and Mom in February 2018 when she had filed an SSI application for her daughter which was denied.
- After SSI denial, Jay had had a massive seizure.
- She had regressed with certain abilities, e.g.) toilet training, but also began displaying anger and impatience at levels which were out of character.
- Held multiple meetings with Mom and Jay to get to know the child and the family.
- Also spoke with Dad, Grandma, older brother, and Aunts to get a picture of Jay before and after the seizure.
- Mom and I began collecting updated medical records and completed a Request for Hearing
 - Note: Michigan did not have Reconsideration level at time of filing.

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I met my client in February 2018 when her Mother had filed an SSI application for her daughter and was denied. Her daughter had just had a massive seizure and had regressed with certain abilities, such as toilet training but also began displaying anger and impatience at levels that were out of character. I met with Mom and “Jay” many times to get to know the child and the family. I spoke with Mom, Dad, Grandma, her older brother and Aunts to get a picture of “Jay” before and after the seizure. Mom and I began collecting medical records and completed a Request for an Appeal (before the Request for Reconsideration was readily available). While waiting, “Jay’s” behavior began to worsen as did her grades in school. The school refused to give her an IEP at that young age so we ended up getting her in to an Children’s Educational and Psychological evaluation with a local therapist and another at a Clinician at our CMH. During this time, we found in “Jay’s” medical records that at birth she had hypoxia (low oxygen) and that she was born with microcephaly- both can cause seizures, learning disabilities, behavioral issues and more. We also found that her chart noted “lead poisoning” in 2016. Had we not combed through the child’s hospital records, we never would have caught these. During this time, we were notified that a hearing with the ALJ was scheduled for May 1, 2019. We had just had a Neuropsychological assessment done for “Jay” and the assessment summary was not complete in time for the hearing. I sat with Mom at the hearing and we let the Judge know what we were waiting on. The Judge gave us extra time as we kept in good contact with her office. June 2019, “Jay” was admitted into the hospital with seizures and an inability to keep her blood sugar

up. As we got the records and information from all the doctors, I would call the ALJ's office and give them updates and records. Mom kept up with all the Occupational Therapy appointments and records so we kept the Judge quite busy. In December 2019, the Judge asked for any final documentation and we submitted the newest Biopsychosocial Assessment and we waited. COVID-19 slowed a lot of things down. Mom had been fired multiple times for taking time off to be with her sick children and getting COVID herself so just when things seemed their darkest, we were notified that the Judge made her decision. "Jay" was APPROVED and the family would also be receiving installments for back benefits owed of over \$10,000. Mom was able to get into a better home and get tutors and supports for "Jay" and her brother. The partnership with Mom and our hard work paid off.

Child Case Study: SOAR Success for Jay's Family

- While waiting for decision, Jay's behavior worsened as did her grades in school.
- School refused to give her an Individualized Education Program (IEP) at that young age.
- We ended up getting a Children's Educational and Psychological evaluation with a local therapist and a clinician at our Community Mental Health Center (CMHC).
- During this time, we found in Jay's medical records that at birth she had hypoxia (low oxygen) and born with microcephaly (both can cause seizures, learning disabilities, behavioral issues, and more).
- We also found that her chart noted "lead poisoning" in 2016.
- Had we not combed through the child's hospital records, we never would have caught additional impairments!

Child Case Study: SOAR Success for Jay's Family

- Hearing with the Administrative Law Judge (ALJ) was scheduled for May 1, 2019.
- We had just had a Neuropsychological assessment done for Jay and the assessment summary was not complete in time for the hearing.
- Sat with Mom at the hearing and we let the ALJ know what outstanding records we were waiting on. The Judge gave us extra time as we kept in good contact with her office!
- June 2019, Jay was admitted into the hospital with seizures and an inability to keep her blood sugar up.
- As we got the records and information from all the doctors, I would call the ALJ's office and give them updates and records.
- Mom kept up with all the Occupational Therapy appointments and obtaining outstanding records, so we kept the Judge quite busy!

Child Case Study: SOAR Success for Jay's Family

- In December 2019, the Judge asked for any final documentation and we submitted the newest Biopsychosocial Assessment and we waited...
- COVID-19 pandemic slowed a lot of things down.
 - Mom had been fired multiple times for taking time off to be with her sick children and getting COVID herself.
- Just when things seemed their darkest, we were notified that the Judge made her decision...
 - Jay was APPROVED and the family would also be receiving installments for back benefits owed of over \$10,000!
 - Mom was able to get into a better home and get tutors and supports for Jay and her brother.
 - The partnership with Mom and our hard work paid off!

SOAR Works!

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Presenter Contact Information: Melissa Mays

mmays@genhs.org

www.samhsa.gov

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Facilitated Discussion on Racial Equity

- Increasingly, leaders of child serving systems are recognizing the need to reduce racial disparities and improve outcomes among children, youth and families of color.
 - Can you share strategies and efforts your agency or community have implemented to reduce racial disparities in service delivery?
 - How has the SOAR model been helpful in your efforts with engaging families of color and child-serving agencies with accessing SSI benefits and accessing healthcare and other services?

Questions and Answers

Please type your questions into the Q&A box on the right of your screen

Resources

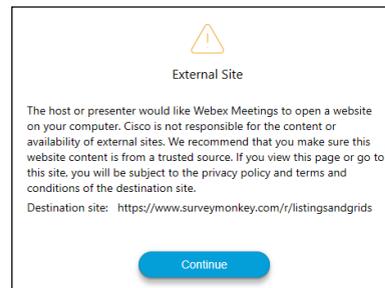
- SOAR Online Course: Child curriculum
<https://soarworks.prainc.com/course/soar-child-curriculum>
- Children and Youth Resources
<https://soarworks.prainc.com/article/children-and-youth-resources>
- SOAR for Children Process Intercepts Infographic
<https://soarworks.prainc.com/article/soar-children-process-intercepts-infographic>
- Racial Disparities in Access to SSI for Children authored by Community Legal Services of Philadelphia
<https://clsphila.org/public-benefits/childrens-ssi-race-disparity/>

Next Steps

- ✓ Familiarize yourself with the SOAR Online Course: Child Curriculum
- ✓ Develop partnerships with Your Local Child Serving Agencies, Schools, and Continuum of Care (CoC)
- ✓ Review agency plans for serving marginalized communities to ensure equitable service provision because of disparate access to care
- ✓ Implement an outreach program to find and enroll all SSI eligible children in your community
- ✓ Contact your SAMHSA SOAR TA Center Liaison with questions

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